

# Admittance of Mental Patients

## A Ten-Year Study of Certification by Health Officer in Orange County

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EVER SINCE Pinel<sup>2</sup> ordered the chains to be removed from the hands and feet of the insane at the Bicetre in Paris in 1792, there has been a ferment to develop an admission procedure that would minimize its police aspects without abridging the patient's constitutional rights. This aim, shared by all prominent authorities in the field, grew out of the realization that a large majority of mentally ill patients are just "sick people" who require no coercion at all and need only to be admitted to the proper medical facility. On the other hand, the illogical mental processes of the mentally ill patient necessitate that legal restraint be possible, if it is needed.

The latest information obtainable indicates that in 1955, 17 states\* provided for admission of patients to mental hospitals by medical certification without judicial procedure.<sup>1</sup> In some states the authorization is only for admission as voluntary patients; in others it carries with it the authority to hold or detain. Seven states (Arkansas, California, Florida, Idaho, Missouri, New York and Utah) provide that application for admission may be made by a local health officer.

In California, the Statutes of 1947 added Article 3.5, Sections 6610-12 (Admission on Certification) to the Welfare and Institutions Code.<sup>3</sup> This article provides an additional, but not exclusive, procedure for the admission of mentally ill persons to state hospitals. This section states:

"Nothing in this article shall be construed as repealing any other provision of law providing for the admission of mentally ill persons to state hospitals, or providing for the commitment of mentally ill persons to state hospitals."

In this act, the certification of admission provides that an application may be initiated by a health officer by which a mentally ill patient is certified for admission to a state mental hospital. The health officer's certification must be based on an examination of the patient made by two qualified physicians other than the health officer. Since the effective date of the act, September, 1947, the Orange County

• Seventeen states provide for admission of patients to mental hospitals by medical certification without judicial procedure. The aim is to avoid the police aspects of dealing with mentally ill persons without depriving them of constitutional rights. The California law, passed in 1947, has now had ten years' trial. In Orange County, 888 patients were examined under this act between 1947 and 1957. Of these, 486 were admitted to state mental institutions while 402 did not currently require hospitalization. Local modifications have provided additional safeguards to the patient, have made it more acceptable professionally, and have resulted in wider use of the act in Orange County.

A comparison of costs between the medical certification procedure and court commitments indicated that, in 1957, court commitments were seven times more expensive than admissions by medical certification.

The greater humanity of the procedure and the economy of it lead to the conclusion that, with a few changes, medical certification of mentally ill patients should be more widely used.

Health Department has used the procedure with increased frequency through the years. In 1948 Orange County was the third largest user of the act and since 1954 has used the health officer application more than any other county except Los Angeles.

The health department's procedure for certifying patients under the Health Officer Application Act is as follows:

1. The informant, who may be the patient, a relative or physician, refers the case to the health officer. After a preliminary conference with the patient's physician, by either a health department physician or by the social service consultant, a decision is reached as to whether the patient's problem calls for a psychiatric evaluation or may be solved by other community resources. Among other things, the patient's willingness to accept diagnosis and treatment is determined.

2. When possible, a family, social and economic history is obtained and summarized for the use of the psychiatrist. Families that are able to pay the physicians for their services are expected to do so. For examining those who are unable to pay, the psychiatrist is paid by the health department.

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\*Arkansas, California, Delaware, Florida, Idaho, Louisiana, Maryland, Massachusetts, Mississippi, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, South Carolina, Utah, Vermont.

3. The psychiatrist sees the patient and evaluates his problem, concluding that the patient needs either hospitalization or out-patient therapeutic services or counsel of other types. If hospitalization is recommended, the psychiatrist completes the necessary forms. As required in the act, another physician, usually the family doctor, acts as the second examining physician. Upon completion of all forms, the patient is ready for admission to a state hospital.

4. As a rule, the family or friends assume the responsibility for transporting the patient to the hospital. When no transportation is available, the health department provides this service.

#### MENTAL HEALTH RESOURCES IN ORANGE COUNTY

In an area such as Orange County, which has an average influx of about 30 families a day, community resources may be overwhelmed. Fortunately, the influx of psychiatrists, psychologists and social workers in the last two years has partially supplied the personnel needs of mental health.

The mental health resources in Orange County include 11 doctors of medicine and one osteopathic physician who specialize in psychiatry. In addition, there are two professional casework agencies with a staff of trained social workers, and there are 15 trained social workers employed in other private and public agencies in the county. There are seven qualified psychologists, with doctor of philosophy degrees, in private practice, and the public schools employ about 30 psychologists doing diagnostic evaluations and consultations. The only other mental health resource in Orange County is the detention ward of the Orange County General Hospital. The ward was built in 1920 and has a 26-bed capacity. In 1956, the people voted bonds for a new 97-bed psychiatric unit which is now under construction.

#### ROLE OF SOCIAL SERVICE

In the administration of the Health Officer Application Act in Orange County, the division of social service of the health department assumes the following responsibilities:

1. Screening new referrals by preliminary interviews, either in person or by telephone.

2. Obtaining pertinent social, psychiatric and medical history for the use of the psychiatrist in making his diagnosis and recommendation.

3. Explaining to the family and the patient the uses of this procedure and, if indicated, preparing the patient for psychiatric evaluation and possible hospitalization.

4. Giving short-term supportive help to the family in meeting the crisis of the patient's illness.

5. Maintaining the mental health records in the health department.

6. Making statistical studies.

#### MODIFICATION IN USE OF HEALTH OFFICER APPLICATION

Sections 6610-12 of the Welfare and Institutions Code require that two physicians examine the patient to determine the need for hospitalization. Since the health officer usually does not see the patient in person, in Orange County a safeguard for the patient is added in that one of the physicians is required to be a psychiatrist.

Another noteworthy modification in Orange County is that when the psychiatrist is paid by the health department, he is paid an hourly rate for his services rather than the nominal fee specified in the act. The fee paid is not the regular private practice rate, but to be certain that it is a more adequate compensation, the psychiatrist is paid for time used in preparing the report. In addition, if he calls on the patient at home or in the hospital, he is paid the hourly rate while in transit. The rate used is the same as that paid to other clinicians when they work in child health conferences and similar programs. When the patient or his family is able to pay the physician, no charge is made to the health department.

#### DESCRIPTION OF PATIENTS EXAMINED

During the 1947-1957 period, 888 patients were examined under the Health Officer Application Act. Four hundred and two were examined but found not to need hospitalization. Four hundred and eighty-six were examined and found to need hospitalization and were admitted to a state mental hospital. Some patients received more than one examination but are included only once in the totals. Ten of the 486 patients admitted had had a previous examination, at which time they were thought not to need hospitalization.

Of the 402 persons who were examined but not admitted, 68 (16.9 per cent) had had psychiatric hospitalization previously and 278 (69.2 per cent) had not. In 56 patients (13.9 per cent) this information was not available.

Of 486 patients who were admitted under the Health Officer Application Act, 157 (32.3 per cent) had been previously hospitalized for psychiatric disorders and 289 (59.5 per cent) had not. In 40 cases (8.2 per cent) this information was not available.

A communication from the State Department of Mental Hygiene for the fiscal year ending June 30, 1956,<sup>4</sup> indicated that Los Angeles County used the Health Officer Application Act for the admission of 118 patients to state hospitals. This was 30 per cent

of the total admissions under this act for the year 1956. Orange County was second with 46 admissions or 12 per cent of the state total. San Mateo with 25 and Merced with 24 were next with 6 per cent each. Alameda County was fifth with 20 patients or 5 per cent of the total. Twenty-nine of the remaining counties admitted 162 or 41 per cent of the patients. Twenty-four counties did not use the Health Officer Application Act in the fiscal year 1955-56.

#### FINANCIAL ASPECTS

In 1957, Orange County utilized the health officer application for 168 patients. The health department assumed financial responsibility for 130 patients at a cost of \$3,948.35, an average of \$30.37 per patient. This included the cost of a psychiatric examination, clerical and administrative cost and transportation for an occasional patient. For 38 patients, the family assumed all costs.

By comparison, in 1957, 392 petitions were filed for mental patients through the Orange County district attorney's office. As required by law, these patients were confined in the mental health service of the Orange County General Hospital for an observation period averaging six days. An estimate of cost was made by the county hospital, the sheriff's office, the district attorney's office and the judicial party which included judge, bailiff, court clerk and court reporter. The total cost to the county for these 392 patients was \$84,270 or \$215 per patient.

The attending psychiatrist at the mental health service of Orange County General Hospital estimated that 10 per cent of the 392 patients who were processed through the mental health service in 1957 could have been processed by health officer application. If they had been, the savings in cost to the county would have been about \$7,500.

#### OPINIONS OF PSYCHIATRISTS USING HEALTH OFFICER APPLICATION

Eight of the 12 psychiatrists who have utilized the health officer application in Orange County were asked their opinion of the advantages and disadvantages of the procedure. The following is a summary of their opinions:

##### A. Advantages

1. The health officer application is an expedient means of hospitalization in emergency cases and enables earlier beginning of treatment, with less need for long stays in the hospital.

2. Since treatment is started earlier, prolonged institutionalization is often avoided.

3. This is an inexpensive means of getting a patient into the hospital.

4. The trauma of the illness is not aggravated by a week-long detention and subsequent court procedure.

5. In most cases, the patient accepts the physicians' recommendations for hospitalization, thereby assuming a participating share in his treatment.

6. It is a less traumatic experience for both the patient and his family.

7. The physician-patient relationship reduces the patient's resistance to treatment as compared to the judicial procedure ordering commitment.

8. The health officer application is a means by which ancillary services may better serve emotionally disturbed persons and their families. Social casework and other services rendered to the patients who are not admitted may serve to keep some of them out of the hospital altogether.

##### B. Disadvantages

1. The forms for reporting and recording are complicated and should be simplified. This may necessitate redesigning the forms.

2. The compensation to physicians provided by law (\$10 per patient) is inadequate and is not commensurate with the time and skills required.

3. Formerly, progress notes and notices of discharge were sent to the health department. More recently, however, patients admitted under health officer application are discharged outright, without the psychiatrist or the health department being informed of the discharge, the prognosis or the recommendations for follow-up. Naturally, this results in the patient's attempting his readjustment in society without adequate skilled support.

In general, the physicians who have utilized the health officer application in Orange County feel that it is an excellent tool and should be more widely used throughout the state.

#### CONCLUSIONS

The health officer application method of admitting patients to psychiatric hospitals:

1. Treats the patient's mental problem as a medical illness rather than as an offense against society.

2. Provides adequate safeguards to protect the patients' constitutional rights.

3. Encourages the patient to participate in his own treatment plan and often results in a shorter period of hospitalization.

4. Helps to maintain the traditional physician-patient relationship.

5. Entails less emotional trauma to the patient and his family.

6. Provides a prompt means of admitting patients to state mental hospitals in emergency.

7. Is an economical method of admitting patients to mental hospitals. (In Orange County the saving averaged \$184.63 per patient.)

#### RECOMMENDATIONS

On the basis of ten years' experience with the Health Officer Application Act in Orange County, the following recommendations are in order:

1. A study should be made of the forms used for reporting and recording (DMH 20, 21 and 22) to provide greater simplicity and convenience.

2. All patients apparently in need of admission to a state hospital should be considered for health officer application before they resort to filing a petition for commitment in the district attorney's office.

3. The procedure of sending discharge notices and recommendations to the local health department and the patient's physician should be resumed.

4. Since patients who are admitted under the health officer application are usually in the hospital for a relatively short period (90 days or less), it is apparent that patients should be paroled rather than be discharged outright.

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#### REFERENCES

1. Craig, R. W., U. S. Department of Health, Education and Welfare, Washington, D. C. Personal communication, Feb. 1958.

2. Henderson, D. K., and Gillespie, R. D.: A Textbook of Psychiatry, Oxford University Press, Medical Publication, 1932.

3. State of California: Admission on Certification 6610-12, Welfare and Institutions Code and Laws Relating to Social Welfare, 315-320, 1955.

4. State Department of Mental Hygiene: County of Residence of Admissions (Excluding Observations) to California State Hospitals for Mentally Ill by Legal Classifications, Year Ending June 30, 1956.

